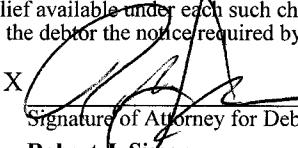
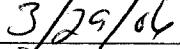
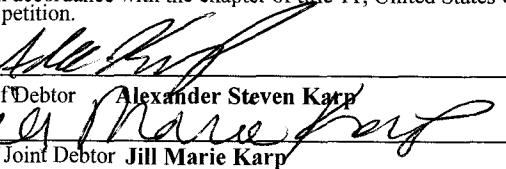
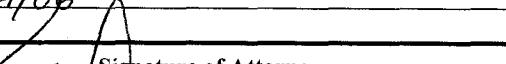
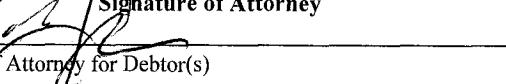


United States Bankruptcy Court
Eastern District of Wisconsin

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Karp, Alexander Steven		Name of Joint Debtor (Spouse) (Last, First, Middle): Karp, Jill Marie			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Jill M. VanAsten		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 8237		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 5814			
Street Address of Debtor (No. & Street, City, and State) 1719 Dublin Trail #54 Neenah, WI		Street Address of Joint Debtor (No. & Street, City, and State): 1719 Dublin Trail #54 Neenah, WI			
ZIPCODE 54956		ZIPCODE 54956			
County of Residence or of the Principal Place of Business: Winnebago		County of Residence or of the Principal Place of Business: Winnebago			
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE		ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and provide the information requested below.) State type of entity:		Nature of Business (Check all applicable boxes) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3).			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee Attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding			
		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			
		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D).			
		Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors 1- 49 50- 99 100- 199 200- 999 1,000- 5,000 5,001- 10,000 10,001- 25,000 25,001- 50,000 50,001- 100,000 OVER 100,000 <input checked="" type="checkbox"/> <input type="checkbox"/>					
Estimated Assets \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million More than \$100 million <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Estimated Debts \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million More than \$100 million <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Alexander Steven Karp, Jill Marie Karp	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  Signature of Attorney for Debtor(s) Robert J. Sisson	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		 Date 3/29/06 1031127	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		Certification Concerning Debt Counseling by Individual/Joint Debtor(s) <input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances (Must attach certification describing.)	
Information Regarding the Debtor (Check the Applicable Boxes) Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property <i>Check all applicable boxes.</i>			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).			
<hr/> (Name of landlord that obtained judgment)			
<hr/> (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of this petition.			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Alexander Steven Karp, Jill Marie Karp
Signatures		
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition]- I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		
<input checked="" type="checkbox"/>  Signature of Debtor Alexander Steven Karp <input checked="" type="checkbox"/>  Signature of Joint Debtor Jill Marie Karp		<p>Signature of a Foreign Representative of a Recognized Foreign Proceeding</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.</p>
Telephone Number (If not represented by attorney)  03/29/06 Date		<input checked="" type="checkbox"/> (Signature of Foreign Representative)
		(Printed Name of Foreign Representative)
		Date
<p>Signature of Attorney</p> <p><input checked="" type="checkbox"/>  Signature of Attorney for Debtor(s)</p> <p>Robert J. Sisson, 1031127</p> <p>Printed Name of Attorney for Debtor(s) / Bar No.</p> <p>Law Office of Robert J. Sisson</p> <p>Firm Name 103 W. College Ave. Suite 1010</p> <p>Address Appleton, WI 54911</p> <p>920-993-7777 920-993-8252</p> <p>Telephone Number  3-29-06</p> <p>Date</p>		
<p>Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110 setting a maximum fee for services chargeable by bankruptcy petition prepares, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.</p> <p>Official Form 19B is attached.</p> <p>Not Applicable</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <hr/> <p>Address</p> <hr/>		
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p>Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date</p> <p>X Not Applicable</p> <p>Signature of Bankruptcy Petitioner or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>		

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
Chapter 7 _____

SUMMARY OF SCHEDULES

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	4	\$ 23,866.50		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 49,000.00	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	2		\$ 4,666.86	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,864.85
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 3,204.86
Total			\$ 23,866.50	\$ 53,666.86	

United States Bankruptcy Court
Eastern District of Wisconsin

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159)
[Individual Debtors Only]

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

In re: Alexander Steven Karp Jill Marie Karp,
Debtors

Case No. _____

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
		Total ▾		0.00

(Report also on Summary of Schedules.)

In re Alexander Steven Karp Jill Marie Karp,
Debtors

Case No. _____
(If known) _____

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash	J	100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Evergreen Credit Union Checking \$42.00 Acct.# 593-087	J	42.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Navy Federal Credit Union Savings Acct.# 2545337-004	J	5.50
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit for Apartment Premier Management #R1701 #54	J	399.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Couch 80.00 Coffee Table 20.00 Entertainment Center 40.00 TV 65.00 Lamps 20.00 Bed 40.00 Dresser 30.00 Night Stand 25.00	J	320.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Ford Mustang	J	6,000.00
Automobiles, trucks, trailers, and other vehicles and accessories.		2001 GMC Sierra	J	17,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
			Total ➤	\$ 23,866.50

3 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)



WISCONSIN

Certificate of Vehicle Registration

Product Number
13384052554

Registration Number
05255H30148

Plate Number DH8616	Registration LTK LTK	Chassis TRUK	Gross Weight 8000	Period A	Color
Vehicle Identification Number 2GTEK19T911348792	Year 2001	Make GMC	Expiration Date 08/31/2006	Amount Received \$ 77.50	

C OF R MUST BE IN VEHICLE AT ALL TIMES

PRIVATE CARRIER

KARP JILL M
1719 DUBLIN TRL #54
NEENAH, WI 54956

This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the 414-266-1148
Division of Motor 608-261-2583
Vehicles at: 800-924-3570
www.dot.wisconsin.gov



WISCONSIN

0000000

Certificate of Vehicle Registration

Product Number
70449052760

Registration Number
05276H30149

Plate Number 826JZN	Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color WHITE
Vehicle Identification Number 1FAFP42X2YF225607	Year 2000	Make FORD	Expiration Date 10/02/2006	Amount Received \$ 105.00	

This Registration Certificate is not a
Title. Not Valid for Transfer of
Ownership.

Contact the 414-266-1148
Division of Motor 608-261-2583
Vehicles at: 800-924-3570
www.dot.wisconsin.gov

KARP ALEXANDER S
1719 DUBLIN TRL #54
NEENAH, WI 54956



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 1FAFP42X2YF225607	Year 2000	Make FORD				
Title Number 05276H30149 -	Issue Date 10/03/2005	Chassis Type AUTO	Odometer Reading 81	Odometer Status ACTUAL	Odometer Date 10/03/2005	
Product Number 74610052763	Body Style COUPE	Color WHITE				

Titled Owner(s)

KARP ALEXANDER S
1719 DUBLIN TRL #54
NEENAH, WI 54956

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

1FAFP42X2YF225607

Lien Holder(s)

00044174 NAVY FEDERAL CREDIT UNION, MERRIFIELD

Additional Vehicle Detail

PREVIOUSLY TITLED IN: VA

SELLER: When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

PURCHASER: Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



MAIL ADDRESS:
Wisconsin Department of Transportation
PO Box 7949, Madison, WI 53707-7949

18

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1148, 608-261-2583, 800-924-3570
www.dot.wisconsin.gov
471440

5-1-1179875
T055 5/2004

KEEP IN SAFE PLACE

Case 08-27558-hcm

Doc 1

Filed 04/05/2016

Page 12 of 19

DO NOT KEEP IN VEHICLE

In re Alexander Steven Karp Jill Marie Karp

Case No. _____

Debtors

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$125,000.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash	11 USC § 522(d)(5)	100.00	100.00
Couch 80.00 Coffee Table 20.00 Entertainment Center 40.00 TV 65.00 Lamps 20.00 Bed 40.00 Dresser 30.00 Night Stand 25.00	11 USC § 522(d)(3)	320.00	320.00
Navy Federal Credit Union Savings Acct.# 2545337-004	11 USC § 522(d)(5)	5.50	5.50
Security Deposit for Apartment Premier Management #R1701 #54	11 USC § 522(d)(5)	399.00	399.00

If re: Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 430000472752-02			Auto Loan 2000 Ford Mustang <hr/> VALUE \$6,000.00				25,000.00	25,000.00
ACCOUNT NO. 100700001248710			07/17/2004 Auto loan 2001 GMC Sierra <hr/> VALUE \$17,000.00				24,000.00	7,000.00

0 Continuation sheets attached

Subtotal ➤
(Total of this page)
Total ➤
(Use only on last page)

\$49,000.00
\$49,000.00

(Report total also on Summary of Schedules)

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 Continuation sheets attached

In re Alexander Steven Karp Jill Marie Karp
Debtors

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO.								

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Priority Claims

Subtotal
(Total of this page) ➤

\$0.00	\$0.00
\$0.00	\$0.00

Total
(Use only on last page of the completed Schedule E.) ➤

(Report total also on Summary of Schedules)

In re Alexander Steven Karp Jill Marie Karp
DebtorsCase No. _____
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 4319-0400-1151-4837	W	Revolving Credit, Consumer Goods last time used 4/2004		X		2,780.70
Bank of America PO Box 650260 Dallas, TX 75265-0260		Collector for Bank of America		X		0.00
ACCOUNT NO. 30944388985814	W	Signature Loan 6/2005		X		243.97
FMU Online/Corinthian College PO Box 7031 Tarzana, CA 91357-7031		Signature Loan 5/2005		X		243.97
ACCOUNT NO. 309544388985814	W	Medical Treatment		X		945.98
National Loan Servicing Center PO Box 7031 Tarzana, CA 91357-7031						
ACCOUNT NO. various	W					
Quest Niagnostics/Dr. Gamig PO Box 41652 Philadelphia, PA 19101-1652						

1 Continuation sheets attached

Subtotal >
\$4,214.62
 Total >
 (Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules)

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 122927		W	Fitness Membership 4/2005		X		452.24
Stayin' Alive Fitness 6185 Jog Rd. Lake Worth, FL 33467							

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	➤	\$452.24
Total	➤	\$4,666.86

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules)

, In re: Alexander Steven Karp Jill Marie Karp Debtors Case No. _____

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Premier 12630 W. North Ave. Brookfield, WI 53005	Lease

In re: Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE H - CODEBTORS Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
	Son	
Employment:	DEBTOR	SPOUSE
Occupation	Correctional Officer	Unemployed
Name of Employer	State of Wisconsin	
How long employed	2 months	
Address of Employer		

Income: (Estimate of average monthly income)

1. Current monthly gross wages, salary, and commissions
(Pro rate if not paid monthly.)

DEBTOR	SPOUSE
\$ 2,295.28	\$ 0.00
\$ 0.00	\$ 0.00
\$ 2,295.28	\$ 0.00

2. Estimated monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 430.43	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 430.43	\$ 0.00

b. Insurance

c. Union dues

d. Other (Specify) _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or firm

(Attach detailed statement)

\$ 0.00	\$ 0.00
---------	---------

8. Income from real property

\$ 0.00	\$ 0.00
---------	---------

9. Interest and dividends

\$ 0.00	\$ 0.00
---------	---------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00	\$ 0.00
---------	---------

11. Social security or other government assistance

\$ 0.00	\$ 0.00
---------	---------

(Specify) _____

\$ 0.00	\$ 0.00
---------	---------

12. Pension or retirement income

\$ 0.00	\$ 0.00
---------	---------

13. Other monthly income

\$ 0.00	\$ 0.00
---------	---------

(Specify) _____

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 0.00
---------	---------

15. TOTAL MONTHLY INCOME (add amounts shown on lines 6 and 14)

\$ 1,864.85	\$ 0.00
--------------------	----------------

16. TOTAL COMBINED MONTHLY INCOME

\$ 1,864.85

(Report also on Summary of Schedules)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

NONE

In re Alexander Steven Karp Jill Marie Karp,

Debtors

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>689.00</u>
a. Are real estate taxes included? Yes _____ No <u>✓</u>	
b. Is property insurance included? Yes _____ No <u>✓</u>	
2. Utilities: a. Electricity and heating fuel	\$ <u>70.00</u>
b. Water and sewer	\$ <u>50.00</u>
c. Telephone	\$ <u>60.00</u>
d. Other _____	\$ <u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>25.00</u>
4. Food	\$ <u>475.00</u>
5. Clothing	\$ <u>125.00</u>
6. Laundry and dry cleaning	\$ <u>35.00</u>
7. Medical and dental expenses	\$ <u>75.00</u>
8. Transportation (not including car payments)	\$ <u>150.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>125.00</u>
10. Charitable contributions	\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>0.00</u>
b. Life	\$ <u>0.00</u>
c. Health	\$ <u>0.00</u>
d. Auto	\$ <u>96.00</u>
e. Other _____	\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>979.86</u>
b. Other _____	\$ <u>0.00</u>
14. Alimony, maintenance or support paid to others	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>
17. Other <u>Baby Expenses</u> <u>Non-Food Essential</u> <u>School Expenses</u>	\$ <u>150.00</u> \$ <u>75.00</u> \$ <u>25.00</u>
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$ <u>3,204.86</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Total monthly income from Line 16 of Schedule I	\$ <u>1,864.85</u>
b. Total monthly expenses from Line 18 above	\$ <u>3,204.86</u>
c. Monthly net income (a. minus b.)	\$ <u>-1,340.01</u>

In re Alexander Steven Karp Jill Marie Karp

Debtors

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16
(Total shown on summary page plus 1.)
sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 03/29/06

Signature: Alexander Steven Karp

Date: 3/29/06

Signature: Jill Marie Karp

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
48,294.00	Employment Income	2004
55,681.34	Employment Income	2005
4,529.19	Employment Income	2006

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None
a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
		PAID OR VALUE OF TRANSFERS		

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None



- ' List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	---	---

6. Assignments and receiverships

None

- a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

- b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None

- List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None

- List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

9. Payments related to debt counseling or bankruptcy

None

- List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT,	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
FISC 921 Midway Rd. Menasha, WI 54952	NAME OF PAYOR IF OTHER THAN DEBTOR 2/24/2006	\$100.00 Counseling Session
Law Office of Robert J. Sisson 103 W. College Ave. Suite 1010 Appleton, WI 54911	2/7/2006 500.00 2/24/2006 774.00	\$1000.00 Attorney Fee \$274.00 Filing Fee

10. Other transfers

None



- a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

None



- b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None

- List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

Bank of America Military Trail FL	Checking Savings	\$15.00
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12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
7861 Venture Center Way #3210 Baynton Beach, FL 33437	Alex & Jill Karp	3/2005 - 10/2005
9577 Cherry Blossom Terr. Boynton Beach, FL 33437	Alex Karp & Jill Van Asten	10/2004 - 3/2005

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Anna Lisa Menard

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 03/29/06

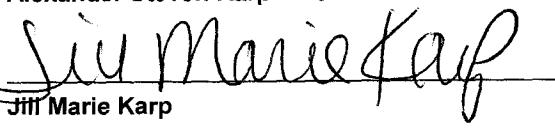
Signature
of Debtor



Alexander Steven Karp

Date 3/29/06

Signature
of Joint
Debtor



Jill Marie Karp

In re Alexander Steven Karp, Jill Marie Karp
 Debtor(s)
 Case Number: _____
 (If known)

Check the box as directed in Parts I, III, and VI of this statement.

<input type="checkbox"/>	Presumption arises
<input checked="" type="checkbox"/>	Presumption does not arise

STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION FOR USE IN CHAPTER 7

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS	
1	If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the "Presumption does not arise" box at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. <input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).

Part II. CALCULATION OF CURRENT MONTHLY INCOME												
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-10. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-10. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-10. d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-10. All figures must reflect average monthly income for the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received during the six months, divide this total by six, and enter the result on the appropriate line.											
3	Gross wages, salary, tips, bonuses, overtime, commissions. Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.	COLUMN A DEBTOR'S INCOME \$1,535.85	COLUMN B SPOUSE'S INCOME \$933.66									
4	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a.</td> <td>Gross Receipts</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross Receipts	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	c.	Business income	Subtract Line b from Line a	\$0.00	\$0.00
a.	Gross Receipts	\$ 0.00										
b.	Ordinary and necessary business expenses	\$ 0.00										
c.	Business income	Subtract Line b from Line a										
5	Rents and other real property income. Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.	\$0.00	\$0.00									
6	Interest, dividends, and royalties.	\$0.00	\$0.00									
7	Pension and retirement income.	\$0.00	\$0.00									
8	Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include contributions from the debtor's spouse if Column B is completed.	\$0.00	\$0.00									

9	Unemployment compensation. Enter the amount in Column A and, if applicable, Column B. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.				
	a. _____	\$ _____		\$0.00	\$0.00
Total and enter on Line 10.					
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).			\$1,535.85	\$933.66
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			\$ 2,469.51	

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$29,634.12
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>WI</u> b. Enter debtor's household size: <u>3</u>	\$58,135.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	
	<input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	
	<input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$2,469.51
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 10, Column B that was NOT regularly contributed to the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$0.00
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$2,469.51

Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$
20	Local Standards: housing and utilities. Enter amount from the IRS Housing and Utilities Standards for the applicable county and family size. (This information is available at www.irs.gov ; www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). Do not include payments on secured debts, such as mortgage payments, to the extent that they are accounted for in the IRS Housing and Utilities Standards.	\$

	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p>										
21	<p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p>										
	<p>Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p>										
22	<p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 41; subtract Line b from Line a and enter the result in Line 22. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs, First Car</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 41</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 41	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 41	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 22.</p> <p>Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 41; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs, Second Car</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 41</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 41	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 41	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
24	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$ 430.43									
25	<p>Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</p>	\$ 0.00									
26	<p>Other Necessary Expenses: life insurance. Enter average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$ 0.00									
27	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 43.</p>	\$ 0.00									
28	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ 0.00									
29	<p>Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education.</p>	\$ 0.00									
30	<p>Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance listed in Line 33.</p>	\$ 0.00									

31	Other Necessary Expenses: telecommunication services: Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller identification, special long distance, or internet services necessary for the health and welfare of you or your dependents. Do not include any amount previously deducted.			\$ 0.00												
32	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 31.			\$												
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19 through 31																
<p>Health Insurance, Disability Insurance and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total.</p> <table border="1" style="width: 100%;"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td>Total: Add Lines a, b and c</td> </tr> </table>					a.	Health Insurance	\$ 0.00	b.	Disability Insurance	\$	c.	Health Savings Account	\$			Total: Add Lines a, b and c
a.	Health Insurance	\$ 0.00														
b.	Disability Insurance	\$														
c.	Health Savings Account	\$														
		Total: Add Lines a, b and c														
33				\$ 0.00												
34	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 28.			\$ 0.00												
35	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law.			\$ 0.00												
36	Home energy costs in excess of the allowance specified by the IRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.			\$												
37	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$ 0.00												
38	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.			\$												
39	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).			\$ 0.00												
40	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 33 through 39.			\$ 0.00												
Subpart C: Deductions for Debt Payment																
<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Do not include items you have previously deducted, such as insurance and taxes.</p> <table border="1" style="width: 100%;"> <tr> <td></td> <td>Name of Creditor</td> <td>Property Securing the Debt</td> <td>60-month Average Payment</td> </tr> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="4">Total: Add Lines a, b and c</td> </tr> </table>						Name of Creditor	Property Securing the Debt	60-month Average Payment	a.			\$	Total: Add Lines a, b and c			
	Name of Creditor	Property Securing the Debt	60-month Average Payment													
a.			\$													
Total: Add Lines a, b and c																
41				\$ 0.00												
<p>Past due payments on secured claims. If any of the debts listed in Line 41 are in default, and the property securing the debt is necessary for your support or the support of your dependents, you may include in your deductions 1/60th of the amount that you must pay the creditor as a result of the default (the "cure amount") in order to maintain possession of the property. List any such amounts in the following chart and enter the total. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%;"> <tr> <td></td> <td>Name of Creditor</td> <td>Property Securing the Debt in Default</td> <td>1/60th of the Cure Amount</td> </tr> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="4">Total: Add Lines a, b and c</td> </tr> </table>						Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount	a.			\$	Total: Add Lines a, b and c			
	Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount													
a.			\$													
Total: Add Lines a, b and c																
42				\$ 0.00												

43	Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.			\$ 0.00
44	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly Chapter 13 plan payment.	\$	
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X	
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 0.00	
45	Total Deductions for Debt Payment. Enter the total of Lines 41 through 44.			\$ 0.00
Subpart D: Total Deductions Allowed under § 707(b)(2)				
46	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 32, 40, and 45.			\$

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
47	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$
48	Enter the amount from Line 46 (Total of all deductions allowed under § 707(b)(2))			\$
49	Monthly disposable income under § 707(b)(2). Subtract Line 48 from Line 47 and enter the result			\$
50	60-month disposable income under § 707(b)(2). Multiply the amount in Line 49 by the number 60 and enter the result.			\$
51	Initial presumption determination. Check the applicable box and proceed as directed.			
	<input type="checkbox"/> The amount on Line 50 is less than \$6,000. Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.			
	<input type="checkbox"/> The amount set forth on Line 50 is more than \$10,000. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.			
	<input type="checkbox"/> The amount on Line 50 is at least \$6,000, but not more than \$10,000. Complete the remainder of Part VI (Lines 52 through).			
52	Enter the amount of your total non-priority unsecured debt			\$
53	Threshold debt payment amount. Multiply the amount in Line 52 by the number 0.25 and enter the result.			\$
54	Secondary presumption determination. Check the applicable box and proceed as directed.			
	<input type="checkbox"/> The amount on Line 50 is less than the amount on Line 53. Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete the verification in Part VIII.			
	<input type="checkbox"/> The amount on Line 50 is equal to or greater than the amount on Line 53. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.			

Part VII. ADDITIONAL EXPENSE CLAIMS				
55	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.			
	Expense Description		Monthly Amount	
	a.		\$	
			Total: Add Lines a, b, and c	
			\$ 0.00	

Part VIII: VERIFICATION

56

I declare under penalty of perjury that the information provided in this statement is true and correct. (*If this is a joint case, both debtors must sign.*)

Date: 03/29/06

Signature:

Alexander Steven Karp, Debtor

Date: 3/29/06

Signature:

Jill Marie Karp, (Joint Debtor, if any)

Income from all other sources (continued)**Future payments on secured claims (continued)**

	Name of Creditor	Property Securing the Debt	60-month Average Payment

Past due payments on secured claims (continued)

	Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount

Other Expenses (continued)

	Expense Description	Monthly Amount

Agency 410 Pay Period Begin Date 02/19/06 Pay Period End Date 03/04/06	Sec.Level 200 Pay Period 06-A	Check Sort 00151 Check Date 03/16/06 Advice # 64768657		
Employee Information		Tax Data	Federal	State
KARP, ALEXANDER S Schedule/Range Job Title		Seniority Date Base Pay Rate Supp. Pay Rate	Marital Status Exemptions Additional Amt. Withheld	Married 1 2
Hours and Earnings		Travel Reimbursement		
Description	Appt.#	Rate	Hours	Earnings
Regular Hours		13.242	80.00	1,059.36
Payroll Gross		1,059.36		Travel Gross 0.00
Pre-Tax Deductions		Post-Tax Deductions		
Description	Current	YTD	Description	Amount
			Retirement	*****
			Union Dues	13.00
Total	0.00		Total	13.00
Tax Withholding		Pay Summary		
Description	Current	YTD	 Total Gross 1,059.36 Total Deductions 211.66 Net Pay 847.70	
Fed Withholding	65.06	260.91		
WI Withholding	52.56	210.59		
Social Security	65.68	263.00		
Medicare	15.36	61.51		
Total	198.66			
YTD Grosses		Leave Activity		
Description	Current	YTD	Description	Bal. Beginning of P/P
Payroll Gross	1,059.36	4,241.94	Sick Leave	15:00
State Taxable Gross*	1,059.36	4,241.94	Vacation	*PROB*
Federal Taxable Gross*	1,059.36	4,241.94	Personal Holiday	36:00
Soc. Sec. Gross*	1,059.36	4,241.94	Sat./Legal	64:00
Medicare Gross*	1,059.36	4,241.94	Comp. Time	0:00
* Imputed Taxable Life (Life Cov. Over 50,000) Included in Gross		Term./Sabb.		
** Subject to Soc. Sec./Medicare Tax		Date of last leave transaction processed 03/03/06 **** State Pays All		

64768657 410 200 00151
 WI Dept of Corrections
 P O Box 7925
 Madison WI 53707-7925

State of Wisconsin

Bi-Weekly Payroll

March 16, 2006

ELECTRONIC DEPOSIT ADVICE

FUND 100	AGENCY 410	SUB 200	VOUCHER 00006	DISTRIB 00151	ADVICE NUMBER 64768657
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NON NEGOTIABLE

20719
 KARP, ALEXANDER S
 1719 DUBLIN TRL #54
 NEENAH WI 54956

\$*****847.70

Agency 410 Pay Period Begin Date 01/22/06 Pay Period End Date 02/04/06		Sec.Level 200 Pay Period 04-A		Check Sort 00151 Check Date 02/16/06 Check # B1989473	375058																																																						
Employee Information KARP, ALEXANDER S Seniority Date 01/09/06 Base Pay Rate 13.242 Supp. Pay Rate Schedule/Range 05-31 Job Title CORRECTIONAL OFFICER				Tax Data Marital Status Married Exemptions 1 Additional Amt. Withheld 2																																																							
Hours and Earnings <table border="1"> <thead> <tr> <th>Description</th> <th>Appt.#</th> <th>Rate</th> <th>Hours</th> <th>Earnings</th> </tr> </thead> <tbody> <tr> <td>Regular Hours</td> <td></td> <td>13.242</td> <td>80.00</td> <td>1,059.36</td> </tr> <tr> <td colspan="4"></td> <td></td> </tr> <tr> <td colspan="4">Payroll Gross</td> <td>1,059.36</td> </tr> </tbody> </table>				Description	Appt.#	Rate	Hours	Earnings	Regular Hours		13.242	80.00	1,059.36						Payroll Gross				1,059.36	Travel Reimbursement <table border="1"> <thead> <tr> <th>Description</th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td colspan="3"></td> </tr> <tr> <td colspan="3">Travel Gross 0.00</td> </tr> </tbody> </table>		Description	Current	YTD				Travel Gross 0.00																											
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Medicare	15.36	30.72																																																									
Total	198.66																																																										
YTD Grosses <table border="1"> <thead> <tr> <th>Description</th> <th>Current</th> <th>YTD</th> <th>Description</th> <th>Bal. Beginning of P/P</th> <th>Earned P/P</th> <th>Used P/P</th> <th>Bal. End of P/P</th> </tr> </thead> <tbody> <tr> <td>Payroll Gross</td> <td>1,059.36</td> <td>2,118.72</td> <td>Sick Leave</td> <td>0:00</td> <td>5:00</td> <td></td> <td>5:00</td> </tr> <tr> <td>State Taxable Gross*</td> <td>1,059.36</td> <td>2,118.72</td> <td>Vacation</td> <td>*PROB*</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Federal Taxable Gross*</td> <td>1,059.36</td> <td>2,118.72</td> <td>Personal Holiday</td> <td>36:00</td> <td></td> <td></td> <td>36:00</td> </tr> <tr> <td>Soc. Sec. Gross*</td> <td>1,059.36</td> <td>2,118.72</td> <td>Sat./Legal</td> <td>64:00</td> <td></td> <td></td> <td>64:00</td> </tr> <tr> <td>Medicare Gross*</td> <td>1,059.36</td> <td>2,118.72</td> <td>Comp. Time</td> <td>0:00</td> <td></td> <td></td> <td>0:00</td> </tr> <tr> <td colspan="3"></td> <td>Term./Sabb.</td> <td>0:00</td> <td></td> <td></td> <td>0:00</td> </tr> </tbody> </table>				Description	Current	YTD	Description	Bal. Beginning of P/P	Earned P/P	Used P/P	Bal. End of P/P	Payroll Gross	1,059.36	2,118.72	Sick Leave	0:00	5:00		5:00	State Taxable Gross*	1,059.36	2,118.72	Vacation	*PROB*				Federal Taxable Gross*	1,059.36	2,118.72	Personal Holiday	36:00			36:00	Soc. Sec. Gross*	1,059.36	2,118.72	Sat./Legal	64:00			64:00	Medicare Gross*	1,059.36	2,118.72	Comp. Time	0:00			0:00				Term./Sabb.	0:00			0:00
Description	Current	YTD	Description	Bal. Beginning of P/P	Earned P/P	Used P/P	Bal. End of P/P																																																				
Payroll Gross	1,059.36	2,118.72	Sick Leave	0:00	5:00		5:00																																																				
State Taxable Gross*	1,059.36	2,118.72	Vacation	*PROB*																																																							
Federal Taxable Gross*	1,059.36	2,118.72	Personal Holiday	36:00			36:00																																																				
Soc. Sec. Gross*	1,059.36	2,118.72	Sat./Legal	64:00			64:00																																																				
Medicare Gross*	1,059.36	2,118.72	Comp. Time	0:00			0:00																																																				
			Term./Sabb.	0:00			0:00																																																				
* Imputed Taxable Life (Life Cov. Over 50,000) Included in Gross				Date of last leave transaction processed 01/09/06																																																							
** Subject to Soc. Sec./Medicare Tax				***** State Pays All																																																							

Detach this stub before cashing check -

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description		Current	YTD Description	Current	YTD
Hrs-Basic Pay	:	72.37	72.37		
Hrs-Holiday	:	8.00	8.00		
HrsOT-Basic Pay	:	9.00	9.00		
Hourly Pay	:	938.70	938.70		
FICA Tax	:	58.20	58.20		
Federal Income Tax	:	37.72	37.72		
Medicare Tax	:	13.61	13.61		
State Income Tax	:	43.48	43.48		
Gross Pay	:	938.70	938.70		
Net Pay	:	785.69	785.69		

CHECK NO.	DATE		GROSS	DISCOUNT	CHECK AMOUNT
		TOTALS ➤	KARP, ALEXANDER S	12/19/2005 - 1/1/2006	

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description		Current	YTD Description	Current	YTD
Hrs-Basic Pay	:	69.97	279.97		
Hrs-Holiday	:	0.00	8.00		
HrsOT-Basic Pay	:	0.00	2.31		
Hourly Pay	:	699.70	2,914.35		
FICA Tax	:	43.38	180.69		
Federal Income Tax	:	14.59	69.91		
Medicare Tax	:	10.15	42.27		
State Income Tax	:	25.13	109.31		
Gross Pay	:	699.70	2,914.35		
<u>Net Pay</u>	:	<u>606.45</u>	<u>2,512.17</u>		

CHECK NO.	DATE		GROSS	DISCOUNT	CHECK AMOUNT
		TOTALS ➤	KARP, ALEXANDER S	12/5/2005 - 12/18/2005	

MAXAIR INCORPORATED

REFERENCE	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
Description		Current	YTD Description	Current	YTD
Hrs-Basic Pay	:	73.37	210.00		
Hrs-Holiday	:	8.00	8.00		
HrsOT-Basic Pay	:	1.23	2.31		
Hourly Pay	:	832.15	2,214.65		
FICA Tax	:	51.59	137.31		
Federal Income Tax	:	27.83	55.32		
Medicare Tax	:	12.07	32.12		
State Income Tax	:	35.17	84.18		
Gross Pay	:	832.15	2,214.65		
Net Pay	:	705.49	1,905.72		

CHECK NO.	DATE		GROSS	DISCOUNT	CHECK AMOUNT
		TOTALS ➤	KARP, ALEXANDER S	11/21/2005 - 12/4/2005	

MAXAIR INCORPORATED

REFERENCE #	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
		Current	YTD Description	Current	YTD
Hrs-Basic Pay		73.38	136.63		
HrsOT-Basic Pay		1.08	1.08		
Hourly Pay		750.00	1,382.50		
FICA Tax		46.50	85.72		
Federal Income Tax		19.62	27.49		
Medicare Tax		10.88	20.05		
State Income Tax		28.84	49.01		
Gross Pay		750.00	1,382.50		
Net Pay		644.16	1,200.23		

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
		TOTALS	KARP, ALEXANDER S	11/7/2005 - 11/20/2005

MAXAIR INCORPORATED

REFERENCE #	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
		Current	YTD Description	Current	YTD
Hrs-Basic Pay		63.25	63.25		
Hourly Pay		632.50	632.50		
FICA Tax		39.22	39.22		
Federal Income Tax		7.87	7.87		
Medicare Tax		9.17	9.17		
State Income Tax		20.17	20.17		
Gross Pay		632.50	632.50		
Net Pay		<u>556.07</u>	<u>556.07</u>		

CHECK NO.	DATE	GROSS	DISCOUNT	CHECK AMOUNT
		TOTALS	KARP, ALEXANDER S	10/24/2005 - 11/6/2005

3/03/06 17:14:01

Checks Display

PYGPI10 PYDPI10

Employer . . . : THE WACKENHUT CORPORATION
 Employee . . . : 079688237 KARP, ALEXANDER
 Tax ID . . . : 079688237
 Cycle . . . : BWCC4 Pay Type . . . : H
 Frequency . . . : B Base Rate . . . : 13.0000
 YTD Gross Pay . . . : 30,820.91 Sel. Gross Pay . . . : 30820.91
 YTD Net Pay . . . : 23363.56 Selected Net Pay: 23363.56

Begin Chk. Date :	Ending Chk. Date:					
Income Code . . . :	Deduction Code. :					
Clear/Void Status	Acct# Check No.	Check Date	Gross Pay	Check Amt.	Opt	
	CHK01	11/11/2005	.00	.00	-	
	CHK01	10/28/2005	.00	.00	-	
	CHK01	3451867	10/14/2005	520.00	520.00	-
	CHK01	3416172	9/30/2005	1664.00	1664.00	-
	CHK01	3405140	9/23/2005	78.00	78.00	-
	CHK01	3376469	9/16/2005	1586.00	1586.00	-
	CHK01	3353792	9/02/2005	1274.00	1274.00	-
	CHK01	3298433	8/19/2005	1274.00	1274.00	+

F3=Exit F8=Print F10=Access

[Home](#) > [Self Service](#) > [Employee](#) > [View](#) > [View Paycheck](#)

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Jill Karp

Company:
Convergys Cust Mgmt Group-US

Address:
4650 Montgomery Road
Cincinnati, OH 45212

Net Pay: \$682.43
Pay Begin Date: 01/15/2006
Pay End Date: 01/28/2006
Check Date: 02/03/2006
[View a Different Payment](#)

General

Name:	Jill M Karp		
Employee ID:	100163455		
Address:	1719 Dublin Trail #54 Neenah, WI 54956	Location:	Appleton WI
		Job Title:	Sales and Service Rep II
		Pay Rate:	\$11.00 Hourly

Tax Data

Fed Marital Status: Married	WI Marital Status: Married
Fed Allowances: 0	WI Allowances: 0
Fed Addl Percent: 0.000	WI Addl Percent: 0.000
Fed Addl Amount: \$0.00	WI Addl Amount: \$0.00

Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net P
Current	836.50	836.50	154.07		682.4
YTD	2,451.69	2,451.69	447.50		2,004.1

Earnings

Description	Hours	Rate	Amount	Taxes			
				YTD Amount	Description	Amount	YT Amou
Reg Earns	75.88	11.000000	834.68	2,411.75	Fed Withholding	52.88	152.8
Overtm 1.5	0.11	16.500000	1.82	39.94	Fed MED/EE	12.13	35.5
					Fed OASDI/EE	51.86	152.0
					WI Withholding	37.20	107.0

Total:	75.99	836.50	2,451.69	Total:	154.07	447.50
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Before-Tax Deductions

Description	Amount	YTD Amount
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After-Tax Deductions

Description	Amount
--------------------	---------------

Employer Paid Benefits

Description	Amount
--------------------	---------------

YT Amou

Total:	Total:	* Taxable	
Net Pay Distribution			
Payment Type	Paycheck Number	Account Type	Amount
Direct Deposit	1922609	Checking	682.4
<u>Payroll Home</u>			

[Home > Self Service > Employee > View > View Paycheck](#)[New Window](#)

View Paycheck

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Jill Karp

Company:
Convergys Cust Mgmt Group-US

Address:
4650 Montgomery Road
Cincinnati, OH 45212

Net Pay: \$633.06
Pay Begin Date: 01/01/2006
Pay End Date: 01/14/2006
Check Date: 01/20/2006

[View a Different Payment](#)**General**

Name:	Jill M Karp
Employee ID:	100163455
Address:	1719 Dublin Trail #54 Neenah, WI 54956
	Location: Appleton WI
	Job Title: Sales and Service Rep II
	Pay Rate: \$11.00 Hourly

Tax Data

Fed Marital Status: Married	WI Marital Status: Married
Fed Allowances: 0	WI Allowances: 0
Fed Addl Percent: 0.000	WI Addl Percent: 0.000
Fed Addl Amount: \$0.00	WI Addl Amount: \$0.00

Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pa
Current	770.28	770.28	137.22		633.0

Earnings				Taxes	
Description	Hours	Rate	Amount	Description	Amount
Reg Earns	66.56	11.000000	732.16	Fed Withholding	46.26
Overtm 1.5	2.31	16.500000	38.12	Fed MED/EE	11.17
				Fed OASDI/EE	47.76
				WI Withholding	32.03

Total:	68.87	770.28	Total:	137.22
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Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits	
Description	Amount	Description	Amount	Description	Amount

Total:		Total:		* Taxable
---------------	--	---------------	--	------------------

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Direct Deposit	1909097	Checking	633.00

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Jill Karp

Company:
Convergys Cust Mgmt Group-US

Address:
4650 Montgomery Road
Cincinnati, OH 45212

Net Pay: \$688.70
Pay Begin Date: 12/18/2005
Pay End Date: 12/31/2005
Check Date: 01/06/2006

[View a Different Payment](#)

General

Name:	Jill M Karp		
Employee ID:	100163455		
Address:	1719 Dublin Trail #54 Neenah, WI 54956	Location:	Appleton WI
		Job Title:	Sales and Service Rep II
		Pay Rate:	\$11.00 Hourly

Tax Data

Fed Marital Status: Married	WI Marital Status: Married
Fed Allowances: 0	WI Allowances: 0
Fed Addl Percent: 0.000	WI Addl Percent: 0.000
Fed Addl Amount: \$0.00	WI Addl Amount: \$0.00

Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pa
Current	844.91	844.91	156.21		688.7

Earnings

Description	Hours	Rate	Amount	Taxes	
				Description	Amount
Reg Earns	76.81	11.000000	844.91	Fed Withholding	53.72
				Fed MED/EE	12.25
				Fed OASDI/EE	52.38
				WI Withholding	37.86

Total:

76.81

844.91

Total:

156.21

Before-Tax Deductions

Description	Amount	After-Tax Deductions	Description	Amount	Employer Paid Benefits

Total:

Total:

* Taxable

Total:

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amou
Check	4095372	Issue Check	688.7

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Jill Karp

Company:
Convergys Cust Mgmt Group-US

Address:
4650 Montgomery Road
Cincinnati, OH 45212

Net Pay: \$618.76
Pay Begin Date: 12/04/2005
Pay End Date: 12/17/2005
Check Date: 12/23/2005

[View a Different Payment](#)

General

Name:	Jill M Karp		
Employee ID:	100163455		
Address:	1719 Dublin Trail #54 Neenah, WI 54956	Location:	Appleton WI
		Job Title:	Sales and Service Rep II
		Pay Rate:	\$11.00 Hourly

Tax Data

Fed Marital Status: Married	WI Marital Status: Married
Fed Allowances: 0	WI Allowances: 0
Fed Addl Percent: 0.000	WI Addl Percent: 0.000
Fed Addl Amount: \$0.00	WI Addl Amount: \$0.00

Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	751.19	751.19	132.43		618.76

Earnings				Taxes	
Description	Hours	Rate	Amount	Description	Amount
Reg Earns	68.29	11.000000	751.19	Fed Withholding	44.35
				Fed MED/EE	10.89
				Fed OASDI/EE	46.57
				WI Withholding	30.62

Total:	68.29	751.19	Total:	132.43
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Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits	
Description	Amount	Description	Amount	Description	Amount
					* Taxable
Total:		Total:		Total:	

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amou
Check	4084603	Issue Check	618.7

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Home > Self Service > Employee > View > **View Paycheck**[New Window](#)**View Paycheck**[Request a Printed Pay Statement](#)

Jill Karp

Company:
Convergys Cust Mgmt Group-US

Address:
4650 Montgomery Road
Cincinnati, OH 45212

Net Pay: \$554.02**Pay Begin Date:** 11/20/2005**Pay End Date:** 12/03/2005**Check Date:** 12/09/2005[View a Different Payment](#)**General**

Name:	Jill M Karp
Employee ID:	100163455
Address:	1719 Dublin Trail #54 Neenah, WI 54956
	Location: Appleton WI
	Job Title: Sales and Service Rep II
	Pay Rate: \$11.00 Hourly

Tax Data

Fed Marital Status: Married	WI Marital Status: Married
Fed Allowances: 0	WI Allowances: 0
Fed Addl Percent: 0.000	WI Addl Percent: 0.000
Fed Addl Amount: \$0.00	WI Addl Amount: \$0.00

Paycheck Summary

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	664.84	664.84	110.82		554.02

Earnings				Taxes	
Description	Hours	Rate	Amount	Description	Amount
Reg Earns	60.44	11.000000	664.84	Fed Withholding	35.71
				Fed MED/EE	9.64
				Fed OASDI/EE	41.22
				WI Withholding	24.25

Total:	60.44	664.84	Total:	110.82
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Before-Tax Deductions		After-Tax Deductions		Employer Paid Benefits	
Description	Amount	Description	Amount	Description	Amount

Total:	Total:	* Taxable
---------------	---------------	------------------

Net Pay Distribution

Payment Type	Paycheck Number	Account Type	Amount
Check	4073659	Issue Check	554.02

Home > Self Service > Employee > View > View Paycheck

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[Request a Printed Pay Statement](#)

Jill Karp

Company:

Convergys Cust Mgmt Group-US

Address:4650 Montgomery Road
Cincinnati, OH 45212**Net Pay:** \$363.35**Pay Begin Date:** 11/06/2005**Pay End Date:** 11/19/2005**Check Date:** 11/23/2005[View a Different Payment](#)**General****Name:** Jill M Karp**Employee ID:** 100163455**Address:** 1719 Dublin Trail #54

Neenah, WI 54956

Location: Appleton WI**Job Title:** Sales and Service Rep II**Pay Rate:** \$11.00 Hourly**Tax Data****Fed Marital Status:** Married**WI Marital Status:** Married**Fed Allowances:** 0**WI Allowances:** 0**Fed Addl Percent:** 0.000**WI Addl Percent:** 0.000**Fed Addl Amount:** \$0.00**WI Addl Amount:** \$0.00**Paycheck Summary**

	Gross Earnings	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current	415.25	415.25	51.90		363.35

Earnings

Description	Hours	Rate	Amount
Reg Earns	37.75	11.000000	415.25

Taxes

Description	Amount
Fed Withholding	10.76
Fed MED/EE	6.02
Fed OASDI/EE	25.75
WI Withholding	9.37

Total:	37.75	415.25	Total:	51.90
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Before-Tax Deductions

Description	Amount
--------------------	---------------

After-Tax Deductions

Description	Amount
--------------------	---------------

Employer Paid Benefits

Description	Amount
--------------------	---------------

Total:**Total:**

* Taxable

Total:**Net Pay Distribution**

Payment Type	Paycheck Number	Account Type	Amount
Check	4063095	Issue Check	363.35

Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/16/05 136946

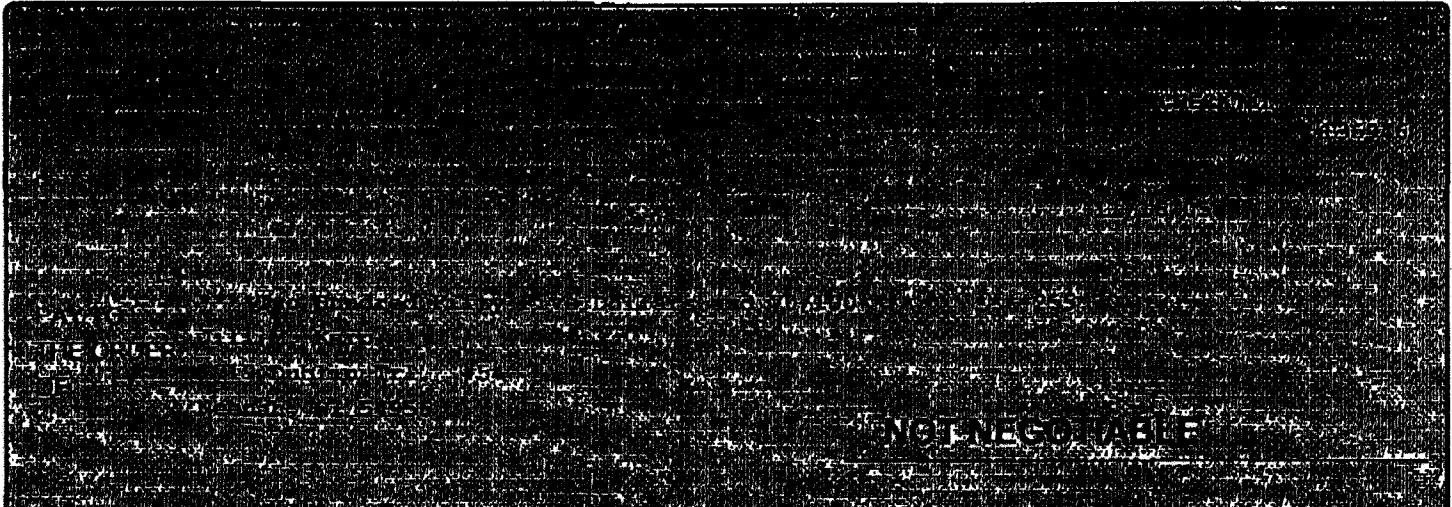
-----YTD-----

REGULAR	32	304.00	FED'L W/H	15.02	GROSS	655.50
			F.I.C.A.	18.85	FICA	40.64
			MEDICARE	4.41	FED TAX	34.79
			STATE	10.02	STATE	23.55
					CITY	00.00
					MED'CRE	9.510
					401K	00.00
					NONTXBL	00.00
					TAXABLE	655.50

11/07/05 11/11/05 Pitney Bowes 32.00 9.50 304.00

YTD HOURS:69.00

GROSS PAY: 304.00 DEDUCTIONS:48.30 NET PAY:255.70



Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/16/05 136946

-----YTD-----

REGULAR	32	304.00	FED'L W/H	15.02	GROSS	655.50
			F.I.C.A.	18.85	FICA	40.64
			MEDICARE	4.41	FED TAX	34.79
			STATE	10.02	STATE	23.55
					CITY	00.00
					MED'CRE	9.510
					401K	00.00
					NONTXBL	00.00
					TAXABLE	655.50

11/07/05 11/11/05 Pitney Bowes 32.00 9.50 304.00

YTD HOURS:69.00

GROSS PAY: 304.00 DEDUCTIONS:48.30 NET PAY:255.70

Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/09/05 136573
 -----YTD-----

REGULAR	37	351.50	FED'L W/H	19.77	GROSS	351.50
			F.I.C.A.	21.79	FICA	21.79
			MEDICARE	5.10	FED TAX	19.77
			STATE	13.53	STATE	13.53
					CITY	00.00
					MED'CRE	5.10
					401K	00.00
					NONTXBL	00.00
					TAXABLE	351.50
10/31/05 11/06/05 Pitney Bowes 37.00 9.50					351.50	

GROSS PAY: 351.50 DEDUCTIONS:60.19 NET PAY:291.31 YTD HOURS:37.00



Jill M. Karp 388-98-5814 EMPL-5744 W/E DATE:11/09/05 136573
 -----YTD-----

REGULAR	37	351.50	FED'L W/H	19.77	GROSS	351.50
			F.I.C.A.	21.79	FICA	21.79
			MEDICARE	5.10	FED TAX	19.77
			STATE	13.53	STATE	13.53
					CITY	00.00
					MED'CRE	5.10
					NONTXBL	00.00
					TAXABLE	351.50
10/31/05 11/06/05 Pitney Bowes 37.00 9.50					351.50	

YTD HOURS:37.00
 GROSS PAY: 351.50 DEDUCTIONS:60.19 NET PAY:291.31

9/26/2005

Jill M Van Asten

**267.13

Two Hundred Sixty-Seven and 13/100*****

Jill M Van Asten
 9577 Cherry Blossom Terrace
 Boynton Beach, FL 33437

09/24/2005 - 10/07/2005 Pay Period

	9/26/2005	YTD
Jill M Van Asten		
9577 Cherry Blossom Terrace	312.00	19,878.00
Boynton Beach, FL 33437	-21.00	-2,375.00
	-19.35	-1,232.44
388-98-5814	-4.52	-288.23
 Used / Available		
Sick 0.00 / 0.00		
Vac 0.00 / 0.00		

Lancore Realty, Inc.
 399 W. Palmetto Park Road
 Suite #102
 Boca Raton, Florida 33432

09/24/2005 - 10/07/2005 Pay Period 267.13

	9/26/2005	YTD
Jill M Van Asten		
9577 Cherry Blossom Terrace	312.00	19,878.00
Boynton Beach, FL 33437	-21.00	-2,375.00
	-19.35	-1,232.44
388-98-5814	-4.52	-288.23
 Used / Available		
Sick 0.00 / 0.00		
Vac 0.00 / 0.00		

Lancore Realty, Inc.
 399 W. Palmetto Park Road
 Suite #102
 Boca Raton, Florida 33432

09/24/2005 - 10/07/2005 Pay Period 267.13

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: Alexander Steven Karp Jill Marie Karp
Debtors

Case No. _____
Chapter 7

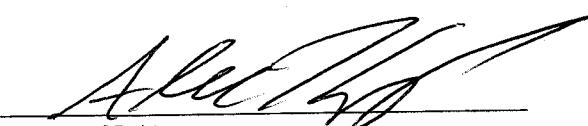
CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
- I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

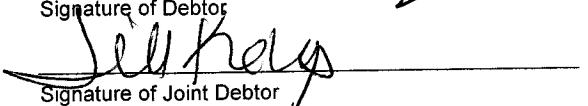
Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1. 2000 Ford Mustang	Navy Federal Credit Union	X			
2. 2001 GMC Sierra	Wachovia Dealer Financial Services	X			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
1. Lease	Premier	X

Date: 03/29/06


Signature of Debtor

Date: 3/29/06


Signature of Joint Debtor

UNITED STATES BANKRUPTCY COURT
Eastern District of Wisconsin

In re: Alexander Steven Karp

Jill Marie Karp

Case No.

Chapter

7

Debtors

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,000.00
Prior to the filing of this statement I have received	\$	1,000.00
Balance Due	\$	0.00

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

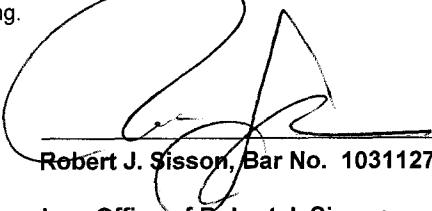
6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

Avoidence Leins, Satisfaction of Judgment, Adversary Proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 3-29-06


Robert J. Sisson, Bar No. 1031127

Law Office of Robert J. Sisson
Attorney for Debtor(s)

Christopher L. Austin
Clerk

United States Bankruptcy Court
Eastern District of Wisconsin
Office of the Clerk

126 U.S Courthouse
517 E. Wisconsin Ave.
Milwaukee, WI 53202-4581
Fax 414-297-4040
Phone 414-297-3291
www.wieb.uscourts.gov

SUMMARY INFORMATION SHEET

Chapter: 7 County Code Number: 55139 Case Number: _____
(see reverse side)

Debtor(s) Name: Alexander Steven Karp, Jill Marie Karp

Debtor(s) Phone Number: 920-725-2441

Non Filing Spouse Name: _____

Address:

Non Filing Spouse SS#:

Do assets require the immediate protection/attention of the Trustee? Yes No
If yes, what is the asset: _____

Has anyone received compensation for services rendered in this case? Yes No

Is this petition related to another pending case or a case that was
filed in the last five years? Yes No

The question above includes a petition in bankruptcy which was filed by the spouse of the debtor.
If yes, that case number is: NONE

Proposed Payment to the Trustee (chapter 13 cases only)

Weekly Bi-Weekly Semi-Monthly Monthly

Dollar amount: _____

Type of Payment: Payroll Deduction Debtor Direct

If Payroll Deduction, are the payments from the: Debtor Joint-Debtor



UNITED STATES BANKRUPTCY COURT
NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Court employees are prohibited from giving you legal advice.

Chapter 7: Liquidation (\$155 filing fee plus \$39 administrative fee plus \$15 trustee surcharge)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a discharge, there are some debts that are not discharged under the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
5. Under certain circumstances you may keep property that you have purchased subject to valid security interest. Your attorney can explain the options that are available to you.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$155 filing fee plus \$39 administrative fee)

1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but no more than five years. Your plan must be approved by the court before it can take effect.
3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain debts including criminal fines and restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

Chapter 11: Reorganization (\$800 filing fee plus \$39 administrative fee)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer (\$200 filing fee plus \$39 administrative fee)

Chapter 12 designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family - owned farm.

I, the debtor, affirm that I have read this notice.

03/29/06

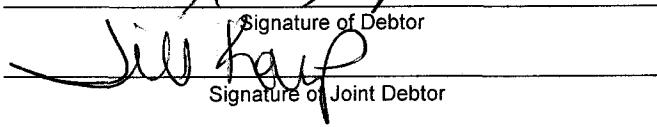
Date

3/29/06

Date



Signature of Debtor



Signature of Joint Debtor

Case Number